



PTO/SB/81 (01-09)

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	Filing Date	
	First Named Inventor	Steven Larsen
	Title	Endodontic Instrument
	Art Unit	
	Examiner Name	
	Attorney Docket Number	LAR50-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Steven S. Larsen</i>	Date	4-10-12
Name	Steven S. Larsen	Telephone	435-752-0164
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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